



Prevention Works • Treatment is Effective • People Recover

**SEPTEMBER 2015**

## SAMHSA's National *Recovery Month* Annual Event Award Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) is pleased to acknowledge the efforts of those who planned and organized events for **National Recovery Month (Recovery Month)** in 2014. Through SAMHSA's *Recovery Month* Annual Event Award Program application, you can self-select your event for award consideration.

**All events must have been posted on the *Recovery Month* Web site by December 31, 2014, to be eligible. (Previous award winners are not eligible to receive awards in consecutive years.)**

Please complete the application form and return it, with all required materials listed within the application, by **April 17, 2015**. You can return the form and materials electronically, by mail or fax, using the email address, postal address or fax number listed on page 6. (*Award winners will be notified no later than July 17, 2015.*)

There are three award categories listed on page 2—Rally and Walk/Run Events, Educational Events, and Special Celebrations. One winner from each category will be selected. Travel arrangements and expenses will be paid for one person from each of the winning organizations to attend the 2015 **Recovery Month** Luncheon to accept the 2014 **Recovery Month** Annual Event Award.

Winners will be highlighted on the **Recovery Month** Web site at <http://www.recoverymonth.gov> and through **Recovery Month** social media platforms such as Facebook, Twitter, and YouTube. Winners will also be highlighted in *SAMHSA News*, *SAMHSA's eNetwork*, as well as through SAMHSA's Office of Communications.

\*In order to ensure that your application receives an accurate and fair review, please answer each question as thoroughly as possible (NOTE: Try to keep answers to no more than 500 words per question.) If more space is needed and you want to include a supplementary document to answer a question, please indicate you will be doing so under the respective question. If including attachments such as photos, brochures, flyers, or other materials, be sure to identify the question number next to the corresponding attachment.

*Recovery Month* Annual Event Award Program Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Event Name (as it appears on the *Recovery Month* Web site): \_\_\_\_\_

Your role: ☐ Event Planner ☐ Researcher ☐ Policy Specialist  
☐ Event Participant ☐ Treatment/Recovery Provider ☐ Peer or Consumer Run Organization  
☐ Other (please describe): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Web site address: \_\_\_\_\_

**Recovery Month Annual Event Award Program Categories**

**Please select the box of the one\* (1) Award Category for which you wish to be considered:**

- ☐ **Rally and Walk/Run Events:** Includes events such as walks and/or runs, motorcycle/bicycle rides, and rallies.
- ☐ **Educational Events:** Includes events such as forums, town hall meetings, trainings, health fairs, movie or video discussion groups, provider or treatment center open houses with educational components, and faith-based lectures or trainings.
- ☐ **Special Celebrations:** Includes events such as art shows, picnics, cookouts, awards programs, concerts, open houses, entertainment events, communication/media events, sporting events, baseball games, festivals, poetry jams, and worship or prayer services.

**\*Organizations may only select and apply under one (1) award category per year.**

**Please select the size of your event:**

- ☐ **Small:** 1–100 people (excluding organization staff and volunteers)
- ☐ **Medium:** 100–300 people (excluding organization staff and volunteers)
- ☐ **Large:** More than 300 people (excluding organization staff and volunteers)

**Please select the behavioral health focus of your event:**

- ☐ Substance use disorders exclusively
- ☐ Mental health exclusively
- ☐ Both substance use disorders and mental health (If both, please indicate which focus was more prominent)

**O Substance use disorders**

**O Mental Health**

**In order to ensure that your application receives an accurate and fair review, please answer each question as thoroughly as possible (NOTE: Try to keep answers to no more than 500 words per question.)**

**If more space is needed and you want to include a supplementary document to answer a question, please indicate you will be doing so under the respective question. If including attachments such as photos, brochures, flyers, or other materials, be sure to identify the question number next to the corresponding attachment.**

**1. Provide a brief description of your event or activity.** (Please provide a minimum of 150 words for this answer. If you require an additional sheet, please try and keep responses to a 500 word limit).

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**2. Describe your inclusion of the recovery community in your event (e.g., individuals in recovery, family members, treatment and recovery service providers and advocates, and the general public).**

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**3. Describe the engagement of innovative and collaborative partnerships.** (Such partnerships might have been created to organize and conduct the event and increase the potential for ongoing field relationship building.)

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**4. Did you have community leaders and/or celebrity involvement?**    ☐ Yes   ☐ No

**If yes, describe ways in which community or entertainment industry principals were involved and included (e.g., signing of a proclamation, as the event's master of ceremonies, guest speaker, etc.).** (Attach a brief summary or copies of articles.)

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**5. Did you receive media coverage?**   ☐ Yes    ☐ No

**If yes, who covered your event?** (Attach a brief summary or copies of articles.)

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**6. Describe the print/broadcast/online media coverage.** (Outline the innovative ways in which various forms of media were used to promote and cover your event. Attach press clippings, articles, etc.)

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**7. Describe the use of technology and/or social media.** (Outline the ways in which technology and/or social media was used to promote or carry out each event.)

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**8. Describe the prominent use of *Recovery Month* materials/logos.** (Please attach copies of articles and/or materials used, or pictures. If pictures are provided with human subjects, please provide a hold harmless release form for each picture (a link to the form is provided on the Recovery Month website).)

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**9. Describe how the event incorporated mental health topics or issues, if applicable.** (Attach additional sheets, if necessary.)

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**10. Describe the impact of the event on your community.** (Demonstrate impact by including information on the numbers of new groups participating, organizational resources made available from organizations, photos, testimonials, and feedback from participants.)

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**11. How did you leverage your *Recovery Month* event to future events?** (Describe how your event was able to further encourage local community support for individuals and families in recovery.)

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**If you have questions regarding this application please contact:**

***Scott Rieder***

Phone: (202) 248-5476

Email: [recoverymonth@vancomm.com](mailto:recoverymonth@vancomm.com)

**Electronically submit your completed application and required materials to:**

[recoverymonth@vancomm.com](mailto:recoverymonth@vancomm.com)

**or**

**Mail or fax your completed application and required materials to:**

***Recovery Month***

Attn: Scott Rieder

2121 K Street, NW, Suite 650

Washington, DC 20037

Phone: (202) 248-5476

Fax: (202) 331-9420

The questions listed below concerning the toolkit materials are for information purposes only and are **NOT** part of the rating criteria for the **Recovery Month** Annual Event Award Program evaluation. Your responses assist in providing the most useful products and information in future toolkits and materials produced for **Recovery Month**.

**Did you use the following Toolkit materials provided online?**

- ☐ Yes ☐ No Promote *Recovery Month* with Events
- ☐ Yes ☐ No Work with the Media
- ☐ Yes ☐ No Share Your Voice through Op-Eds and Online Articles
- ☐ Yes ☐ No Press Materials for Your *Recovery Month* event
- ☐ Yes ☐ No Issue *Recovery Month* Proclamations
- ☐ Yes ☐ No *Recovery Month* Public Service Announcements (PSAs)
- ☐ Yes ☐ No Overview: Together on Pathways to Wellness
- ☐ Yes ☐ No Common Mental Disorders and Misused Substances
- ☐ Yes ☐ No Treatment and Recovery
- ☐ Yes ☐ No Policy Makers
- ☐ Yes ☐ No First Responders
- ☐ Yes ☐ No Faith Leaders
- ☐ Yes ☐ No Youth and Young Adults
- ☐ Yes ☐ No Mental and Substance Use Disorders: Fast Facts
- ☐ Yes ☐ No Develop Your Social Network
- ☐ Yes ☐ No New Media Glossary
- ☐ Yes ☐ No Build Community Coalitions
- ☐ Yes ☐ No Planning Partners Directory
- ☐ Yes ☐ No Single-State Agency (SSA) Directory
- ☐ Yes ☐ No Prevention, Treatment, and Recovery Resources
- ☐ Yes ☐ No Customer Satisfaction Form
- ☐ Yes ☐ No Join the Voices for Recovery